

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 9/1/2009 NB & RB

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------|---|-------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | \$905,964 | 12.0% |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other _____ | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American Fire and Casualty Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | 505,629 | -1.2% |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other _____ Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adopt LC in ISO filing designation CF-2009-RPTLC with no other changes.

Line 9 above is Monoline & Package added together.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Amerisure Insurance Company
Name of Company

Joan Walters – Compliance Analyst II
Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective September 1, 2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | -17 | -1.2% |
| 10. Extended Coverage | -19 | -1.2% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other _____ Line of Insurance | | |

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adopt LC in ISO filing designation CF-2009-RPTLC with no other changes.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Amerisure Insurance Company

Name of Company

Joan Walters – Compliance Analyst II

Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | 9,487 | -1.2% |
| 10. Extended Coverage | 16,075 | -1.2% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adopt LC in ISO filing designation CF-20097-RPTLC with no other changes.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Amerisure Mutual Insurance Company

Name of Company

Joan Walters – Compliance Analyst II

Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | 1,018,147 | -1.2% |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adopt LC in ISO filing designation CF-20097-RPTLC with no other changes.

Line 9 above is Monoline & Package added together.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Amerisure Mutual Insurance Company

Name of Company

Joan Walters – Compliance Analyst II

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

RECEIVED

MAY 12 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate revision
effective August 1, 2009.

| | (1) | (2) | (3) |
|-----|--|---------------------------------------|-----------------------------|
| | Coverage | Annual Premium Volume (Illinois) * | Percent Change (+or-) ** |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | 59,530 | +2.0% |
| 10. | Extended Coverage | 91,272 | +2.0% |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/ABrief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): by Increase loss cost multipliers
and apply a package modification factor to qualifying risk

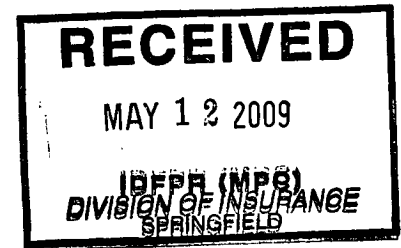
*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.Iowa American InsuranceName of Company
Beverly Barber - ComplianceOfficial - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision
effective August 1, 2009.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | 500,190 | +2.0% |
| 10. | Extended Coverage | 378,247 | +2.0% |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Increase loss cost multipliers
and apply a package modification factor to qualifying risk.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Iowa Mutual Insurance

Name of Company

Beverly Barber - Compliance

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

9/1/2009 NB & RB

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------|---|-------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | \$1,301,728 | 12.0% |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Ohio Casualty Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 7/1/09.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | 3,633,138 | -0.4% |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: NA

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): We are filing to adopt Terrorism Loss Costs
as determined by Insurance Services Office
Inc. File designation CF-2009-RPTLC.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Sentry Insurance a Mutual Company
Name of Company

Lance Broecker - Compliance Development Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 7/1/09.

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | 1,054,018 | -0.7% |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt Terrorism Loss Costs as determined by Insurance Services Office Inc. File designation CF-2009-RPTLC.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Sentry Select Insurance Company
Name of Company

Lance Broecker - Compliance Development Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 7/1/09

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|-------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | 1,054,018 | -0.7% |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: NA

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): We are filing to adopt Terrorism Loss Costs
as determined by Insurance Services Office
Inc. File designation CF-2009-RPTLC.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Sentry Select Insurance Company
Name of Company

Lance Broecker - Compliance Development Analyst
Official - Title

Section 754. Exhibit A Summary Sheet (Form RF-3)

Form (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective: September 22, 2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|-------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | 28 | 240.8% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. <u>Fire</u> | 1,055 | -15.2% |
| 10. Extended Coverage | 813 | 27.2% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other: _____ | | |
| Line of Insurance | | |

Does filing only apply to certain territory(ies) or certain classes? YES

If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): move to ISO's remainder of state PC relativities; match ISO's form relativities (already matched for all but 1 territory); rebase cov A PSR curves & move toward ISO relativities; match ISO's deductible relativities; introduce wind/hail deductibles (matching ISO's relativities); deviate somewhat from ISO loss costs to address our experience

* Adjusted to reflect all prior rate changes

** Change in Company's rate premium level which will result from application of new rates.

RECEIVED

JUN 15 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

State Automobile Mutual Insurance Company
Name of Company

Carole B. Schumacher, Senior Actuarial Analyst
Official - Title

Section 754. Exhibit A Summary Sheet (Form RF-3)

Form (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective: September 22, 2009

| (1) | (2) | (3) |
|-------------------------------|--|--------------------------------------|
| <u>Coverage</u> | <u>Annual Premium Volume (Illinois)*</u> | <u>Percent Change (+ or -)**</u> |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | 2,399 | 240.8% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. <u>Fire</u> | 88,129 | -15.2% |
| 10. Extended Coverage | 52,938 | 27.2% |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other: | | |
| Line of Insurance | | |

Does filing only apply to certain territory(ies) or certain classes?

Yes

If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): move to ISO's remainder of state PC relativities; match ISO's form relativities (already matched for all but 1 territory); rebase cov A PSR curves & move toward ISO relativities; match ISO's deductible relativities; introduce wind/hail deductibles (matching ISO's relativities); deviate somewhat from ISO loss costs to address our experience

* Adjusted to reflect all prior rate changes

** Change in Company's rate premium level which will result from application of new rates.

RECEIVED

JUN 15 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

State Auto Property and Casualty Insurance Company
Name of Company

Carole B. Schumacher, Senior Actuarial Analyst
Official - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 8/1/09 New Business, 9/1/09 Renewal Business

| (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+ or -) ** |
|-------------------------------|--|--|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | 616,242 | + 9.8% |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril* | | |
| 14. Crop Hail | | |
| 15. Other | | |

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Revising Loss Adjustment factors, Protection Class factors,

Age of Dwelling factors, and Liability base rates.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

RECEIVED

JUN 19 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Trustgard Insurance Company
Name of Company

Brett C. Helf, Product Manager
Official - Title

GRAN - 126186445

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/2009 NB & RB

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---------------------------------|---|---|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | \$2,316,440 | 12.0% |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

West American Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title